

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request compensation for lost wages incurred due to [briefly describe the reason for loss of wages, e.g., medical leave, workplace injury, etc.].

During the period from [start date] to [end date], I was unable to work due to [specific reasons], which resulted in a loss of income amounting to [total amount].

Enclosed are the necessary documents, including [list documents such as pay stubs, medical records, or other relevant documentation]. I kindly ask for your consideration of this matter and look forward to your prompt response.

Thank you for your attention to this issue.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]